Schedule E)			PAGE 1 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	ort filed on
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination
			09 / 08 / 2014
Mailing Address 5827 Brighton PI			Amount
City	State	Zip Code	12.00
New Orleans	LA	70131	Transaction ID : ccfe0849-61bd-4a69-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		119329.69	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Amelia Brackett			09 / 14 / 2014
Mailing Address 804 Roundabout Circle			Amount
City	State	Zip Code	55.00
Searcy	AR	72143	Transaction ID : b0d61262-aa6a-439e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		▶ 67.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. •
(c) TOTAL Independent Expenditures			· •
	andidate or authorized	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 18 2014
Signature			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G cosses so
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee Clarissa Smith	Date of Public Distribution/Dissemination
Clarissa Siliitii	09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address HU 10233 915 E Mancet Ave	Amount
City State Zip Code	40.00
Searcy AR 72149	Transaction ID: 9bd67949-2026-40d7-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 16 / 2014
Name of Federal Candidate Support Office	e Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Clarissa Smith	Date of Public Distribution/Dissemination
	09 / 16 / 2014
Mailing Address HU 10233 915 E Mancet Ave	Amount
City State Zip Code	18.00
Searcy AR 72149	Transaction ID: 0eae9bf5-5fcf-40ac-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 16 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	58.00
(a) 002.0.112 of norm200 mappindone Exponditures	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	09 18 2014
Signature	

Schedule E)	INT EXTEND	TIONES	PAGE 3 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric J Smith			09 16 2014
Mailing Address 4967 Dysartville			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : 29d10d0b-7881-4ea8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: Primary General
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Jennifer E Smith			09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID: 91fb7aca-0c96-406d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		160.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 18 2014
Signaturo			

Schedule E)	LIVI EXI EIVE	TIONES	<u> </u>	PAGE 4 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer E Smith			M M /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		8.10
Morganton	NC	28655	I	0: 8a1a8375-73cc-4a19-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 7	310841.90	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Royce W Martin			M M /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 317 Farris Rd Apt 1			Amount	
City	State	Zip Code		20.00
Conway	AR	72034		: 58ddc5fb-3ae0-4ee1-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expen	ditures			28.10
, ,				7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			•	1 7 1 7 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	M M / D D D 18	2014

Schedule E)	INI EXI ENL	ON ONES	PAGE 5 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination
Mailing Address 317 Farris Rd Apt 1			09 16 2014
			Amount
City	State	Zip Code	12.00
Conway	AR	72034	Transaction ID: d4c25824-c17e-4169-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	89157.11	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Joseph R Rys			09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 160 #50 Pompano Dr			Amount
City	State	Zip Code	45.00
New Bern	NC	28560	Transaction ID: 4c36ef30-7737-4183-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		57.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		. •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 18 2014
•			

Schedule E)	INT EXI END	ITORES	PAGE 6 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joseph R Rys			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 160 #50 Pompano Dr			Amount
City	State	Zip Code	4.32
New Bern	NC	28560	Transaction ID : 9e185277-1be9-4cec-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	310841.90	Disbursement For: Primary General G
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination
			09 16 2014
Mailing Address 3315 Cardinal Ridge Rd			Amount
City	State	Zip Code	50.00
Greensboro	NC	27410	Transaction ID : d29abc27-9a32-406b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	310841.90	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		54.32
, , , , , , , , , , , , , , , , , , , ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized		
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	JENT EXICID	ITORES		7 OF 79 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼
Women Speak Out PAC			C C00530766	6
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee			Date of Public Distribution	on/Dissemination
Daniel E Collison			09 / 16	2014
Mailing Address 3315 Cardinal Ridge Rd			Amount	
City	State	Zip Code		22.50
Greensboro	NC	27410	Transaction ID : c8b4a9 Date of Disbursement o	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	,	310841.90	Disbursement For: Prima 2014 Other (specify) ▶ _	ary X General
Full Name of Payee	-		Date of Public Distribution	on/Dissemination
Toni A Persinger-Buckler			09 / 16	2014
Mailing Address 5330 Nestleway Dr			Amount	
City	State	Zip Code		40.00
Clemmons	NC	27012	Transaction ID : 1115ba	
Purpose of Expenditure Salary		Category/ Type 001	09 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: Prima 2014 Other (specify) ▶	ary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			62.50
			7	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date		014
•				

Schedule E)				PAGE 8 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			l l	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo	rt filed on	M / D D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Toni A Persinger-Buckler			M	09 16 2014
Mailing Address 5330 Nestleway Dr			Amoun	t
City	State	Zip Code		6.00
Clemmons	NC	27012		ction ID: bd6ca660-b5e0-4f28-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Jodi Fountain				09 16 2014
Mailing Address 1010 S Dogwood Drive			Amoun	
City	State	Zip Code		45.00
Bogalusa	LA	70427	Transac Date o	tion ID : db32a6e7-2c3b-4363-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / 16 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	119329.69	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				51.00
(4)				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 5
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / 09	18 2014
Signature		_		

chedule E)	INDENT EXPEND	TOTILS		PAGE 9 OF 79 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Nomen Speak Out PAC			С	C00530766
heck if 24-hour report X 48-hour re	eport New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Jodi Fountain			M 09	16 / 2014
Mailing Address 1010 S Dogwood Drive			Amount	
City	State	Zip Code		12.90
Bogalusa	LA	70427		ID: 87c42bcf-ddbe-4fa9-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	19329.69	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Regina R Mouton			09	16 2014
Mailing Address 5827 Brighton PI			Amount	
City	State	Zip Code		30.00
New Orleans	LA	70131		D : ad779255-ffea-4b8b-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		119329.69	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent E	expenditures			42.90
(a) Colling of homeon moopenating	Apo			12.00
(b) SUBTOTAL of Unitemized Independent	t Expenditures		. •	
(c) TOTAL Independent Expenditures			·	7 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, are party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09 / 18	2014
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	independent expenditures ny candidate or authorized ttee or its agent.	reported herein were committee or agent o	not made in coopera f either, or (if the rep	porting entity is not a polit

Schedule E)		PAGE 10 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M - M / D - D / Y - Y - Y - Y
Check if 24-hour report X 48-hour report New	w report Amends report filed	I on
Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination
Mailing Address 5827 Brighton Pl		09 16 7 2014
Walling Address 5827 Brighton Pl		Amount
City State	Zip Code	9.00
New Orleans LA	70131	Transaction ID : faffab47-13b5-4a2a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	119329.69 Disb 2014	ursement For: Primary
Full Name of Payee	'	Date of Public Distribution/Dissemination
Lorri Anderson		09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr		Amount
City State	Zip Code	35.00
Charlotte NC	23215	Transaction ID : c4a47844-afcf-47b8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 16 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	310841.90 Disb	ursement For:
	·	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	44.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.		
	ectronically Filed] Date	D
Signature	_	

Schedule E)		TIONES	PAGE FOR	E 11 OF 79 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	ICATION NUMBER ▼
Women Speak Out PAC			C C0053	0766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Distri	bution/Dissemination
Lorri Anderson			09 / 16	
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		11.40
Charlotte	NC	23215	Transaction ID : c61 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 1	6 / 2014
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Ms. Kay Hagan		X Oppose	President Sen	
Calendar Year-To-Date Per Election for Office Sought	, , ,	310841.90	Disbursement For: P 2014 Other (specify)	rimary X General
Full Name of Payee			Date of Public Distri	bution/Dissemination
Gary W Fuhrmann			09 / 1	6 2014
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		40.00
Shreveport	LA	71106	Transaction ID: 777 Date of Disburseme	
Purpose of Expenditure Salary		Category/ Type 001	09 / 1	
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
Ms. Mary L Landrieu		X Oppose	President Ser	
Calendar Year-To-Date Per Election for Office Sought	-,,	119329.69	Disbursement For: F 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			51.40
(4) 332 331 2 31 1011123 11135 11311 2			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	7
(c) TOTAL Independent Expenditures			·	4 1 2
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 18	2014
- 3				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Gary W Fuhrmann	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9425 Jessica Drive	Amount
	City State Zip Code	15.30
	Shreveport LA 71106	Transaction ID : 19655f7d-25fa-450c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 16 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Me Mary I Landrieu	President Senate State: LA
	440000 00	rsement For: Primary X General
	Per Election for Office Sought 119329.69 2014	Other (specify) ▶
	Full Name of Payee Shantal C Culbreath	Date of Public Distribution/Dissemination
	Mailing Address 4691 Hercules Lane	09 16 2014
		Amount
	City State Zip Code	100.00
	Woodbridge VA 22193	Transaction ID: 67cdb7a2-3aaa-4bd4-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	115.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 09	
	Signature	2017

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OF

Sc	chedule E)	PAGE 13 OF 79 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
	eck if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
_	Full Name of Payee	Date of Public Distribution/Dissemination
	Miranda A Resinos	09 16 2014
	Mailing Address 1430 Sunnyside Rd	Amount
	City State Zip Code	60.00
	Alma AR 72921	Transaction ID : 4696da88-3a3e-4512-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 16 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Mark I. Prvor	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
١	Miranda A Resinos	09 16 2014
١	Mailing Address 1430 Sunnyside Rd	09 10 2017
١	1.00 00, 5.00	Amount
١	City State Zip Code	12.60
		Transaction ID : 58021e77-2616-4b5b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 16 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	72.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)	ENT EXILID	HONES	PAGE 14 OF 79 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	T		
Women Speak Out PAC	vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y		
Full Name of Payee			Date of Public Distribution/Dissemination	1		
Beau Autin			09 16 Y 2014	Υ		
Mailing Address 345 Auroura Ave			Amount			
City	State	Zip Code	55.00)		
Metairie	LA	70006	Transaction ID: 79524524-971d-4250-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y		
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		119329.69	Disbursement For: Primary X General 2014	ral		
Full Name of Payee			Date of Public Distribution/Dissemination	1		
Beau Autin			09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ		
Mailing Address 345 Auroura Ave			Amount			
City	State	Zip Code	9.54			
Metairie	LA	70006	Transaction ID : ae8e3ec5-2497-4a6f-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y 16 2014	Y		
Name of Federal Candidate		Support	Office Sought: House District: 00)		
Ms. Mary L Landrieu		Oppose	President X Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	.,,	119329.69	Disbursement For:	ral		
(a) SUBTOTAL of Itemized Independent Expendent	litures		. • 64.54			
, ,			7 7 7	_		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•			
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·			
Under penalty of perjury I certify that the indeposition of, any can party committee) any political party committee or	didate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 18 2014			
-						

Schedule E)	ENT EXIEND	HONES	PAGE 15 OF 79 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on			
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination			
Mailing Address 448 Judson Dr			09 16 2014 Amount			
City Wake Forest	State NC	Zip Code 27587	42.50 Transaction ID : 0a0611d0-2702-40e9-b			
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	.,.,,	310841.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination			
Mailing Address 105 South Dale St			09 16 2014 Amount			
City	State	Zip Code	75.00			
Spruce Pine	NC	28777	Transaction ID : ffe8b273-5386-4148-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	7 7	310841.90	Disbursement For: Primary General			
(a) SUBTOTAL of Itemized Independent Expendent	litures		117.50			
(b) SUBTOTAL of Unitemized Independent Expe	enditures					
			7 7 7			
(c) TOTAL Independent Expenditures			>			
	ididate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 18 2014			
Signature						

Schedule E)	LABITOTIES	PAGE 16 OF 79 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	New report Amends report file	M = M / D = D / Y = Y = Y				
Check if 24-hour report 48-hour report	New report Amends report file	ed on				
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination				
Mailing Address 105 South Dale St		09 16 2014 Amount				
City State	Zip Code	12.00				
Spruce Pine NC	28777	Transaction ID : d64db61a-768d-40d2-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage	Category/ Type 002	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support Off	ice Sought: House District:00				
Ms. Kay Hagan	X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	310841.90 Dis 201	bursement For: Primary General Other (specify) ▶				
Full Name of Payee		Date of Public Distribution/Dissemination				
Mary Johnson		09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 105 South Dale St		Amount				
	7: 0 1					
City State Spruce Pine NC	Zip Code 28777	75.00 Transaction ID : 5f78786f-3ccb-4622-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary	Category/ Type 001	09 16 2014				
Name of Federal Candidate	Support Off	ice Sought: House District: 00				
Ms. Kay Hagan	∑ Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	310841.90 Dis	sbursement For: Primary				
(a) SUBTOTAL of Itemized Independent Expenditures		87.00				
(,		7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures	•					
(c) TOTAL Independent Expenditures	>					
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.						
Ms. Emily Buchanan	[Electronically Filed] Date	09 18 2014				
Signature						

Schedu	le E)	VI EX. E	1101120		PAGE 17 OF 79 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC	C C00530766			
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full N	ame of Payee			Date	of Public Distribution/Dissemination
	nielle E Grindstaff			- N	09 / 16 / Y Y Y Y Y Y Y
Mailin	g Address 147 Possum Trot Rd			Amou	nt
City		State	Zip Code	-	75.00
	rsville	NC	28705		action ID : 213cb4c2-edac-41c1-b of Disbursement or Obligation
Purpo Salar	se of Expenditure y		Category/ Type 001		09
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. K	Kay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	, ,	310841.90	Disbursemen 2014	tt For:
	lame of Payee			Date	of Public Distribution/Dissemination
Dar	nielle E Grindstaff				09 16 2014
Mailin	g Address 147 Possum Trot Rd				
				Amou	int
City		State	Zip Code		12.60
	ersville	NC	28705	Transa Date	action ID: a7dd77b4-5f9a-4c79-a of Disbursement or Obligation
Purpo Milea	se of Expenditure age		Category/ Type 002		09 / 16 / 2014
Name	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. K	Kay Hagan		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7	310841.90	Disbursemer 2014 C	nt For: Primary
(a) SU	BTOTAL of Itemized Independent Expenditu	res		•	87.60
(b) SU	BTOTAL of Unitemized Independent Expend	litures		· •	7 1 7 1 7 1
(c) TO	TAL Independent Expenditures			•	
with, or	penalty of perjury I certify that the independ r at the request or suggestion of, any candic ommittee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / O9	18 2014
Sigr	nature				

Schedule E)				PAGE 18 OF 79 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	Vomen Speak Out PAC					
			M = M	/ D D / Y Y Y Y		
Check if 24-hour report X 48-h	our report New rep	ort Amends repo	ort filed on			
Full Name of Payee Carol L Walters				blic Distribution/Dissemination		
Mailing Address 1900 Glen West Wa			09	16 2014		
1900 Glen West Wa	ау		Amount			
City	State	Zip Code		75.00		
Fort Smith	AR	72916		n ID: a7c6e07c-478e-4be2-8 sbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	09	16 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For: 2014 Other (Primary		
Full Name of Payee			Date of Pu	blic Distribution/Dissemination		
Carol L Walters			09	16 2014		
Mailing Address 1900 Glen West	Way		Amount			
City Fort Smith	State AR	Zip Code 72916	Transaction	21.00 ID: 18e897e8-58b0-4b24-b		
Purpose of Expenditure		Category/ 002	Date of Dis	sbursement or Obligation		
Mileage		Type 002	09	16 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For 2014 Other	: Primary X General		
(a) SUBTOTAL of Itemized Independ	ent Expenditures		· •	96.00		
(b) SUBTOTAL of Unitemized Indepe	endent Expenditures			2 42 42		
(c) TOTAL Independent Expenditures	·					
				7- 1 7- 1 7-		
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party or	of, any candidate or authorized					
Ms. Emily Buchanan	[Electron	ically Filed] Date				
Signature		_				

Schedule E)	PAGE 19 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Cecilla A Rebrick	Date of Public Distribution/Dissemination
	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5003 Allison Lane	Amount
City State Zip Code	20.00
Ft. Smith AR 72901	Transaction ID : 1d1d1245-7e9e-4679-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 16 / 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Cecilla A Rebrick	09 16 2014
Mailing Address 5003 Allison Lane	Amount
City State Zip Code	2.70
Ft. Smith AR 72901	Transaction ID : effedb45-1c2a-4e9a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 16 / Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	22.70
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 / 18 / 2014

Sch	edule E)						PAGE 20 OF 79 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	Women Speak Out PAC						C00530766
Chec	ck if 24-hour report X 48-hour report	New rep	ort Am	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
F	Full Name of Payee Edward N Walker				Da	M = M	c Distribution/Dissemination
N	Mailing Address 3 Girard St				Ar	09 mount	16 2014
	Dity State		Zip Code		— г		30.00
- 1	Ft Smith AR		72901				ID: 914ddffe-cc30-4a54-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	16 / 2014
1	Name of Federal Candidate			Support	Office Sc	ought:	House District: 00
L	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	89157.11		Disburser 2014	ment For: Other (sp	Primary X General Decify) ▶
	Full Name of Payee Edward N Walker				D	ate of Publi	c Distribution/Dissemination
-	Mailing Address 3 Girard St					09	16 2014
Т					A	mount	
(City State		Zip Code				4.20
	Ft Smith AR		72901		Tra D	ansaction (I ate of Disbu	D: 34f7376e-3486-4526-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	16 / 2014
	Name of Federal Candidate			Support	Office So	ought:	House District:00
	Mr. Mark L Pryor		X	Oppose	Pre	esident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	,	89157.1	1	Disburse 2014	ment For: Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditures				• •		34.20
(b	o) SUBTOTAL of Unitemized Independent Expenditures						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(с	r) TOTAL Independent Expenditures				•		
wi	nder penalty of perjury I certify that the independent expetth, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.						
		[Electron	ically Filed]	Date	M = M 09	/ 18	2014
	Signature		_				

Sch	edule E)	71101120		PAGE 21 OF 79 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC	С	C00530766	
01	V 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		M = M	/ D.D. / Y.Y.Y.Y
Ched		port Amends repo	ort filed on	
F	Full Name of Payee Sue G Walker		Date of Pu	blic Distribution/Dissemination / D D D / Y D D Y D D D D D D D D D D D
1	Mailing Address 3 Girard		Amount	
	Dity State	Zip Code		80.00
- 1	Fort Smith AR	72901		on ID: 14691916-b215-4d6b-9 sbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M 09	16 2014
1	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	89157.11	Disbursement For 2014 Other	:
Г	Full Name of Payee		Date of Pu	blic Distribution/Dissemination
	Sue G Walker		09	16 2014
Ī	Mailing Address 3 Girard			التنتا لتا ا
			Amount	
	City State	Zip Code		10.20
	Fort Smith AR	72901		n ID: d4a8062b-db41-41c5-a sbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09	16 Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	89157.11	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		· •	90.20
(b	SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures		·	7
wi	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	09 18	
	Signature			

,							FOR SE OF	FORM 24/48
NAME OF COMMITT						FEC	IDENTIFICATION	ON NUMBER ▼
Women Spea	K OUL PAC					С	C00530766	
Check if 24-hou	r report X 48-hour report	New repo	ort Am	nends repo	rt filed on	M = M	/ D = D /	Y = Y = Y
Full Name of Pay					Date	e of Pub	olic Distribution/	Dissemination
Misty A Led						M M M	16	2014
Mailing Address	44 Bell St				Amo	ount		
City		State	Zip Code					60.00
Spruce Pine		NC	28777		Tra i Date	nsaction of Disl	n ID: 8e66c169 bursement or C	0-537d-42c2-b Obligation
Purpose of Expe Salary	nditure		Category/ Type	001		M 09	16	2014
Name of Federal	Candidate			Support	Office Sou	ght:	House	District: 00
Ms. Kay Hagan			X	Oppose	Pres	ident	X Senate	State: NC
Calendar Ye Per Election	ar-To-Date for Office Sought	3	10841.90		Disburseme 2014		Primary specify) ▶	X General
Full Name of Pa Misty A Led Mailing Address	vee ford 44 Bell St					e of Pub 09	Distribution	Dissemination Y Y Y Y Y Y 2014
City		State	Zip Code					28.20
Spruce Pine		NC	28777				ID: 953e5650- bursement or 0	
Purpose of Expe Mileage	nditure		Category/ Type	002		M 09 M	16	2014
Name of Federa	Candidate			Support	Office Sou	ght:	House	District:00
Ms. Kay Hagan			X	Oppose	Pres	ident	X Senate	State: NC
Calendar Ye Per Election	ar-To-Date for Office Sought	7 7	310841.9	0	Disbursem 2014		Primary	
(a) SUBTOTAL of	Itemized Independent Expenditur	res			•	-7	P 1 1 2F	88.20
(b) SUBTOTAL of	Unitemized Independent Expend	itures			•		5	
(c) TOTAL Indepe	endent Expenditures				•		7	
with, or at the req	perjury I certify that the independ uest or suggestion of, any candid any political party committee or its	ate or authorized						
	mily Buchanan	[Electron	ically Filed]	Date	09	18	201	
Signature								

PAGE

OF

Schedule E)	. 01120	PAGE 23 OF 79 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	vomen Speak Out PAC					
Check if 24-hour report X 48-hour report New report	rt Amends report file	ed on				
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination				
Mailing Address 44 Bell Street Ext		09				
City State 2	Zip Code	60.00				
	28777	Transaction ID : ade3cc56-f21e-4c5a-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary	Category/ Type 001	09 / 16 / Y 2014				
Name of Federal Candidate	Support Offi	ice Sought: House District: 00				
Ms. Kay Hagan	Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 31	0841.90 Dis 201	bursement For: Primary				
Full Name of Payee Malinda Ledford Mailing Address 44 Bell Street Ext		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
		Amount				
	Zip Code 28777	Z8.20 Transaction ID : d037a49d-552e-421f-a Date of Disbursement or Obligation				
Purpose of Expenditure Mileage	Category/ Type 002	09 16 2014				
Name of Federal Candidate	Support Off	ice Sought: House District: 00				
Ms. Kay Hagan	X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	310841.90 Dis 20	sbursement For: Primary				
(a) SUBTOTAL of Itemized Independent Expenditures	······	88.20				
(b) SUBTOTAL of Unitemized Independent Expenditures	·····					
(c) TOTAL Independent Expenditures	>					
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronic	rally Filed] Date	09 18 2014				
Signature						

Schedul	le E)	LXI EIID			PAGE 24 OF 79 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC		C C00530766		
Check if [24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Na	ame of Payee			Date o	of Public Distribution/Dissemination
Ade	ena V Smith				09 16 2014
Mailing	g Address 450 Judson Dr			Amour	nt
City		State	Zip Code	- [44.00
Wake	Forest	NC	27587		action ID: 82c1380a-0ce1-4172-9 of Disbursement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 001	M	09 16 / 2014
Name	of Federal Candidate		Support	Office Sought	t: House District:00
Ms. K	ay Hagan		X Oppose	Preside	NC NC
	calendar Year-To-Date er Election for Office Sought	3	310841.90	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
	ame of Payee na V Smith				of Public Distribution/Dissemination
14.30.					09 16 2014
Mailin	g Address 450 Judson Dr			Amou	nt
City		State	Zip Code		10.20
	Forest	NC	27587	Transa Date o	ction ID : 1f8644b2-1a39-4b24-a of Disbursement or Obligation
Purpo: Milea	se of Expenditure ge		Category/ Type 002	M	09 / 16 / Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. K	ay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	310841.90	Disbursemen 2014 O	t For:
(a) SUI	BTOTAL of Itemized Independent Expenditure	es			54.20
(b) SUI	BTOTAL of Unitemized Independent Expendi	tures			
					4 4
(c) TO	FAL Independent Expenditures			•	4 . 4 . 4
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate ammittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	09	18 2014
Sign	ature				

Sched	ule E)	TI EXI END			PAGE 25 OF 79 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report 🔀 48-hour report	New rep	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full I	Name of Payee			Date	of Public Distribution/Dissemination
Та	mmay Williams				09 16 2014
Maili	ng Address 924 N. Prieur St			Amou	nt
City		State	Zip Code		70.00
	Orleans	LA	70116		action ID : 8f803da1-ff88-4006-8 f Disbursement or Obligation
Purp Sala	ose of Expenditure ury		Category/ Type 001		09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	1	119329.69	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Name of Payee			Date	of Public Distribution/Dissemination
Ta	mmay Williams			N	09 16 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
Maili	ng Address 924 N. Prieur St				09 10 2017
	02			Amou	nt
City		State	Zip Code		18.00
	v Orleans	LA	70116	Transa Date	ction ID: 48463fbc-01e0-48cb-a of Disbursement or Obligation
Purp Mile	ose of Expenditure eage		Category/ Type 002		09 / 16 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	119329.69	Disbursemen 2014	t For: Primary X General ther (specify) ▶
(a) SI	JBTOTAL of Itemized Independent Expenditu	ıres		· •	88.00
(b) SI	JBTOTAL of Unitemized Independent Expendent	ditures		·· •	7 1 7 1 7
(c) T(OTAL Independent Expenditures			· [7
with, c	penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	18 2014
Sig	nature		_		

Schedule E)	INI EXI END	ITORES		PAGE 26 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Antoinette Franklin			09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70188		D: e6ed57cf-9600-4134-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	.,,	119329.69	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	: Distribution/Dissemination
Mattie Harris			M M /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3654 Tara St			Amount	
City	State	Zip Code		50.00
springdale	AR	72762		: 72502dc7-25f1-4c1b-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			110.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
(,,				
(c) TOTAL Independent Expenditures)	79.
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 18	2014
-				

Schedul	e E)	I LXI LIVD	TOTILO		PAGE 27 OF 79 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
vvome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
	ame of Payee nique Guillory			Date	of Public Distribution/Dissemination
	•				09 16 2014
Ivialling	Address 409 LaSalle Drive			Amou	nt
City		State	Zip Code		35.00
Little F	Rock	AR	72211		action ID: bb18e851-ed14-493f-a of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001		09 16 7 2014
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	, , ,	89157.11	Disbursemen 2014 O	t For:
	ame of Payee			Date	of Public Distribution/Dissemination
	ique Guillory				09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	g Address 409 LaSalle Drive			Amou	nt
City		State	Zip Code		15.00
Little	Rock	AR	72211		oction ID : d19262da-c790-469f-9 of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002		09 16 / 2014
Name	of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Presid	ent Senate State: AR
	alendar Year-To-Date er Election for Office Sought	, , ,	89157.11	Disbursemer 2014 C	nt For:
(a) SUE	STOTAL of Itemized Independent Expenditure	9S			50.00
(b) SUE	BTOTAL of Unitemized Independent Expendi	tures		• •	7 1 7 1 7 1
(c) TO1	AL Independent Expenditures			•	
with, or	enalty of perjury I certify that the independent at the request or suggestion of, any candidates ammittee) any political party committee or its	ate or authorized			
Sign	Ms. Emily Buchanan	[Electron	ically Filed] Date	09	18 / 2014
•					

Sch	hedule E)	L/M LITE.	101120				PAGE 28 OF 79 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee Charity A Carr				Date	M M	c Distribution/Dissemination
	Mailing Address 13827 S E 44th St				Amo	09 ount	16 2014
H	City S	State	Zip Code				50.00
			73020				ID: 17369b56-2767-4b69-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			M 09	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate			Support	Office Soug	ıht:	House District:00
	Mr. Mark L Pryor			Oppose	Presid	· _	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		89157.11		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee David Ford				Date	M = M	c Distribution/Dissemination
-	Mailing Address 106 Hillside St				Amo	09 ount	16 2014
-	City S	State	Zip Code		-		77.50
		NC	28160		Trans Date	saction II	D : cf79d3ea-d69b-4eb6-a ursement or Obligation
	Purpose of Expenditure Salary	1	Category/ Type] [M M 09	16 2014
	Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
	Ms. Kay Hagan		X	Oppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		310841.9	0	Disburseme 2014	ent For: Other (sp	Primary ⊠ General Decify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures				• [127.50
(k	b) SUBTOTAL of Unitemized Independent Expenditures	PS			· •		
(0	c) TOTAL Independent Expenditures				· -		
W	Inder penalty of perjury I certify that the independent of the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	09	18	2014
	Signature						

Schedule E)			TOTILO		PAGE 29 OF 79 FOR SE OF FORM 24/48
NAME OF COMM	,				FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
Check if 24-h	our report X 48-hour r	report New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of I				Date o	f Public Distribution/Dissemination
David For					09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres	S 106 Hillside St			Amour	nt
City		State	Zip Code		44.13
Spindale		NC	28160		action ID : 61e22594-2098-45ab-9 f Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002	М	09 16 7 2014
Name of Fede	ral Candidate		Support	Office Sought	: House District:00
Ms. Kay Haga	n		X Oppose	Preside	NO.
	Year-To-Date on for Office Sought	3	10841.90	Disbursement 2014 Ot	For: Primary
Full Name of				Date o	of Public Distribution/Dissemination
Evelyn Le	saicherre				09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres	629 Radiance Ave				09 10 2014
				Amour	nt
City		State	Zip Code		40.00
Metairie		LA	70001	Transa Date o	ction ID : a5724b8a-e5a3-48f3-a of Disbursement or Obligation
Purpose of Ex Salary	penditure		Category/ Type 001	M	09 16 7 2014
Name of Fede	ral Candidate		Support	Office Sought	t: House District:00
Ms. Mary L La	ndrieu		X Oppose	Preside	
	Year-To-Date ion for Office Sought		119329.69	Disbursement 2014 Of	t For: Primary X General ther (specify) ►
(a) SUBTOTAL	of Itemized Independent I	Expenditures		· -	84.13
(b) SUBTOTAL	of Unitemized Independen	nt Expenditures		•	7 1 7 1 7
(c) TOTAL Inde	ependent Expenditures			•	
with, or at the r		ny candidate or authorized			poperation, consultation, or concert the reporting entity is not a political
Ms	s. Emily Buchanan	[Electroni	cally Filed] Date	M M M / 09	18 2014
Signature					

Schedule E)	JENT EXTEND	ITORES	PAGE 30 OF 79 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	n
Evelyn Lesaicherre			09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 629 Radiance Ave			Amount	
City	State	Zip Code	9.90	0
Metairie	LA	70001	Transaction ID: 1d0f5763-c768-4426-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09 16 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Ms. Mary L Landrieu		X Oppose	President State: LA	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7	119329.69	Disbursement For: ☐ Primary ☐ General Primary ☐ Primary	eral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Francesca Blom			09 16 2014	Y
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code	80.00	П
Winchester	VA	22602	Transaction ID: 7320668a-0648-4ebd-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	0
Mr. Mark L Pryor		Oppose	President State: AR	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For: Primary	eral
(a) SUBTOTAL of Itemized Independent Exper	nditures		89.90	
(b) SUBTOTAL of Unitemized Independent Ex	oenditures)	
(c) TOTAL Independent Expenditures			·	
	indidate or authorized		not made in cooperation, consultation, or conce f either, or (if the reporting entity is not a politic	
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Schedule E)	ENT EXILIB	TIONES	PAGE 31 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chad E Day			09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 168 Emerald Hill			Amount
City	State	Zip Code	70.00
Forest City	NC	28043	Transaction ID : b6240b1a-0e65-4348-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Virginia M Stevens			09 16 2014
Mailing Address 1691 Fork Mtn Rd			Amount
City	State	Zip Code	60.00
Bakersville	NC	28705	Transaction ID: 07301cc8-d089-4bc3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	310841.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		130.00
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

FEC IDENTIFICATION NUMBER ▼ C C00539766	ochedule E)							FOR SE OF	FORM 24/48
Check if							FEC I	DENTIFICATION	ON NUMBER ▼
Full Name of Payee Virginia M Stevens Mailing Address 1691 Fork Min Rd City State Zip Code Bakersville NC 28705 Name of Expenditure Mileage Service Sought State State State State State State: NC Caleba A Smith Mailing Address 2646 N Valencia City State Zip Code Ms. Kay Hagan Support State Support State State: NC Caleba A Smith Mailing Address 2646 N Valencia City State Zip Code Fayesteville Sought State: NC Caleba A Smith Mailing Address 2646 N Valencia City State Zip Code Fayesteville Sought State: NC Caleba A Smith Mailing Address 2646 N Valencia Caleba A Smith Caleba A Smith Mailing Address 2646 N Valencia Caleba A Smith Caleba A Smith Caleba A Smith Mailing Address 2646 N Valencia City State Zip Code Fayesteville AR 72703 Name of Federal Candidate Mr. Mark L Pryor Soppose of Expenditure Solary Caleba A Smith Amount Caleba A Smith Amount Caleba A Smith Caleba A Smi	vvomen Speak	Out PAC					C	C00530766	
Mailing Address 1691 Fork Mtn Rd City State Zip Code NC 28705 Purpose of Expenditure Mileage Name of Federal Candidate Per Election for Office Sought Name of Payee Cale A T2703 State Zip Code President Senate State: NC Cale of Public Distribution/Dissemination Transaction ID : 66e2244a-47cd-45d6-8 Date of Disbursement or Obligation Transaction ID : 66e2244a-47cd-45d6-8 Date of Disbursement or Obligation Transaction ID : 66e2244a-47cd-45d6-8 Date of Disbursement or Obligation Transaction ID : 66e2244a-47cd-45d6-8 Date of Disbursement or Obligation Transaction ID : 66e2244a-47cd-45d6-8 Date of Disbursement or Obligation Transaction ID : 66e2244a-47cd-45d6-8 Date of Disbursement For: Primary Senate State: NC Calendar Year-To-Date Per Election for Office Sought Name of Payee Cale A T2703 Transaction ID : 66e2244a-47cd-45d6-8 Date of Disbursement For: Primary Senate State: NC Cale of Public Distribution/Dissemination Date of Public Distribution/Dissemination Transaction ID : 66e2244a-47cd-45d6-8 Date of Date Senate State: NC Other (specify) ★ Transaction ID : 66e2244a-47cd-45d6-8 Date of Date Senate State: NC Other (specify) ★ Transaction ID : 66e2244a-47cd-45d6-8 Date of Public Distribution/Dissemination Transaction ID : 66e2244a-47cd-45d6-8 Date of Public Distribution/Dissemination Transaction ID : 66e224a-47cd-45d6-8 Date of Public Distribution/Dissemination Transaction ID : 66e224a-7cd-45d6-8 Date of Public Distribut	Check if 24-hour	report X 48-hour report	New repo	ort An	nends repo	rt filed o		/ D D /	Y W Y W Y
Mailing Address 1691 Fork Mtn Rd City State Zip Code NC 28705 Name of Federal Candidate State: NC 29705 Calendar Year-To-Date Purpose of Expenditure Mailing Address 2646 N Valencia City State Zip Code President Senate State: NC 2014 Mailing Address 2646 N Valencia City State Zip Code President Senate State: NC 2014 Mailing Address 2646 N Valencia City State Zip Code Fayetteville AR 72703 Purpose of Expenditure Salary Name of Federal Candidate AR 72703 Purpose of Expenditure Salary Category/ Oo1 Name of Pederal Candidate AR 72703 Purpose of Expenditure Salary Category/ Oo1 Name of Federal Candidate Salary Category/ Oo1 Name of Federal Candidate Salary Category/ Oo1 Name of Pederal Candidate Salary Category/ Oo1 Name of Federal Candidate Salary Category/ Oo1 Office Sought House District: Oo President Salary Salar AR Disbursement or Obligation Og 16 2014 Amount City State Zip Code Fayetteville Salary Category/ Oo1 Og 16 2014 Amount City State Zip Code Fayetteville Salary Category/ Oo1 Og 16 2014 Amount City State Zip Code Fresident Salary Category/ Oo1 Og 16 2014 Amount City State Zip Code Fresident Salar AR Date of Public Distribution/Dissemination Og 16 2014 Amount City State Zip Code Fresident Salar AR Date of Public Distribution/Dissemination Og 16 2014 Amount City State Xip Code Fresident Salar AR Date of Distribution/Dissemination Og 16 2014 Amount City State Xip Code Fresident Salar AR Date of Distribution/Dissemination Og 16 2014 Amount City City State Xip Code Fresident Salar AR Date of Distribution/Dissemination Og 16 2014 Amount City City State Xip Code Fresident Salar AR Date of Distribution/Dissemination Og 16 2014 Od	Full Name of Paye	ee				ı	Date of Publ	lic Distribution/	Dissemination
City State Zip Code Bakersville NC 28705 Purpose of Expenditure Mileage									
Bakersville NC 28705 Furpose of Expenditure Mileage Name of Federal Candidate NSK Ay Hagan Caledar Year-To-Date Per Election for Office Sought Full Name of Payee Caled A Smith Mailing Address 2646 N Valencia Purpose of Expenditure Salary Name of Federal Candidate Name of Federal Candidate Amount City State Fayetteville AR 72703 Name of Federal Candidate Name of Federal Candidate Namunt Category' Type Out Transaction ID: 66e2244a-47cd-45d8-8 Date of Disbursement or Obligation Perident Senate State: NC Disbursement For: Primary General Amount City State Zip Code Fayetteville AR 72703 Transaction ID: c25c33b2-4c8d-4f63-8 Date of Public Distribution/Dissemination Op 16 Zo14 Amount City State Category' Type Out Office Sought: House District: 00 President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Senate State: AR Calendar Year-To-Date Per Election for Office Sought Senate State: AR Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Seneral Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Seneral Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Colored (specity) Name of Federal Candidate Colored (specify) Name of Federal Candidate Colored (specify) Name of Federal Colored (specify) Name of Federal Colored (specify) Name o	Mailing Address	691 Fork Mtn Rd				,	Amount		
Bakersville NC 28705 Furpose of Expenditure Mileage Name of Federal Candidate NSK Ay Hagan Caledar Year-To-Date Per Election for Office Sought Full Name of Payee Caled A Smith Mailing Address 2646 N Valencia Purpose of Expenditure Salary Name of Federal Candidate Name of Federal Candidate Amount City State Fayetteville AR 72703 Name of Federal Candidate Name of Federal Candidate Namunt Category' Type Out Transaction ID: 66e2244a-47cd-45d8-8 Date of Disbursement or Obligation Perident Senate State: NC Disbursement For: Primary General Amount City State Zip Code Fayetteville AR 72703 Transaction ID: c25c33b2-4c8d-4f63-8 Date of Public Distribution/Dissemination Op 16 Zo14 Amount City State Category' Type Out Office Sought: House District: 00 President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Senate State: AR Calendar Year-To-Date Per Election for Office Sought Senate State: AR Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Seneral Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Seneral Colored (specity) ▶ Calendar Year-To-Date Per Election for Office Sought Colored (specity) Name of Federal Candidate Colored (specify) Name of Federal Candidate Colored (specify) Name of Federal Colored (specify) Name of Federal Colored (specify) Name o	City		State	Zip Code					29.10
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Amount City Salary Category/ Type Category/ Type Category/ Type Disbursement For: Disbursement	I			•					
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Caleb A Smith Caleb A Smith Amount City State Fayetteville AR 72703 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Mr		diture			002		M M	/ D D /	Y Y Y Y Y
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought President Senate State: NC Disbursement For: Primary General 2014 Other (specify) ▶ Full Name of Payee Caleb A Smith Mailing Address 2646 N Valencia Amount City State Zip Code Fayetteville AR 72703 Fayetteville AR 72703 Transaction ID : c25c33b2-4c8d-4f63-8 Date of Disbursement or Obligation Name of Federal Candidate Mr. Mark L Pryor Category/ 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Name of Federal	Candidate		<u> </u>	Support	Office S	Sought:	House	District:00
Per Election for Office Sought Full Name of Payee Caleb A Smith Malling Address 2646 N Valencia City State Zip Code Fayetteville AR 72703 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Of Public Distribution/Dissemination Amount Transaction ID: c25c33b2-4c8d-4f63-8 Date of Disbursement or Obligation Transaction ID: c25c33b2-4c8d-4f63-8 Date of Disbursement or Obligation Transaction ID: c25c33b2-4c8d-4f63-8 Date of Disbursement or Obligation Transaction ID: c25c33b2-4c8d-4f64-8 Date of Disbursement or Obligation Transaction ID: c25c33b2-4c8d-4f64-4 Dat	Ms. Kay Hagan			X	Oppose			X Senate	State: NC
Full Name of Payee Caleb A Smith Mailing Address 2646 N Valencia City State Zip Code Fayetteville AR 72703 Fayetteville AR 72703 Transaction ID : c25c33b2-4c8d-4f63-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Office Sought: House District: 00 Mr. Mark L Pryor Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Regression of Office Sought AR Calendar Year-To-Date Per Election for Office Sought AR Category Office Sought: House District: On Other (specify) AR Category Office Sought: House District: On Other (specify) Other (specify) Other (specify) AR Category Other (specify) Other (specify) AR Category Other (specify) AR Category Other (specify) Other (specify) AR Category Other (specify) Other			3	10841.90			_		X General
Caleb A Smith Mailing Address 2646 N Valencia City State Zip Code Fayetteville AR 72703 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calegory/ Oppose Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Mg. 2014 Amount Transaction ID: c25c33b2-4c8d-4f63-8 Date Obisbursement or Obligation Transaction ID: c25c33b2-4c8d-4f63-8 Date Obisbursement or Obispursement or Obisputs To Oppose President Senate State: AR Disbursement For: Primary General Other (specify) 64.10 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Full Name of Page		, , ,			L			
Mailing Address 2646 N Valencia City							M = M	/ D D /	Y Y Y Y Y
Fayetteville AR 72703 Transaction ID: c25c33b24c8d-4f63-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Transaction ID: c25c33b24c8d-4f63-8 Date of Disbursement or Obligation Office Sought: House District: 00 President X Senate State: AR Disbursement For: Primary General 2014 Other (specify) 64.10 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address	2646 N Valencia						16	2014
Fayetteville AR 72703 Transaction ID: c25c33b24c8d-4f63-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Transaction ID: c25c33b24c8d-4f63-8 Date of Disbursement or Obligation Office Sought: House District: 00 President X Senate State: AR Disbursement For: Primary General 2014 Other (specify) 64.10 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City		State	Zip Code					35.00
Purpose of Expenditure Salary Category/ Type O01 O9	1 '		AR	·					
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		diture			001		M = M	/ D D /	Y
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal	Candidate			Support	Office S	Sought:	House	District:00
(a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor						_	X Senate	State: AR
(b) SUBTOTAL of Unitemized Independent Expenditures			7 7	89157.1	1				General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date Date Date	(a) SUBTOTAL of	Itemized Independent Expenditure	es			. [7	64.10
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of	Unitemized Independent Expendit	ures			. [
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Indepen	ndent Expenditures				•			
[Electronically Filed] Date 09 18 2014	with, or at the requ	est or suggestion of, any candida	ite or authorized						
Duto 10 10 10 10 10 10 10 10 10 10 10 10 10	Ms. En	nily Buchanan	[Electroni	cally Filed]	Date				
	Signature								

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Caleb A Smith	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2646 N Valencia	Amount
	City State Zip Code	6.90
	Fayetteville AR 72703	Transaction ID : ac18c2a2-3248-452b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General
		Other (specify) -
	Full Name of Payee Ashley n Thompson	Date of Public Distribution/Dissemination
	Mailing Address 272 Westgate Ct Apt 6	09 16 2014 Amount
	City State Zip Code	13.00
	Lexington NC 27295	Transaction ID : b1935164-bdfe-403b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 16 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	19.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	
	Signature	

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OF

· · · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M M / D D / Y Y Y Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Ashley n Thompson		09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6	A	mount
City State Zip C	Code	8.10
Lexington NC 2729		ransaction ID: c6c878a9-14f1-435a-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Cat	egory/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	X Oppose Pro	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 31084		ement For:
Full Name of Payee Randy G Lookabill Mailing Address 200 Carawood Lane		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip C	Code	13.00
Lexington NC 272		ansaction ID: bc9d7266-e7f4-4eb2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Cat	egory/ Type 001	09 / 16 / 2014
Name of Federal Candidate	Support Office Se	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	21.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······	1 1 2 1 1 2 1 1 2
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Signature	Filed] Date 09	18 2014
Signature		

PAGE

OF

Sc	chedule E)	PAGE 35 OF 79 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	Vomen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report fill	led on Man / Dad / Yayayay
T	Full Name of Payee Lisa Booth	Date of Public Distribution/Dissemination
-	Mailing Address 1434 South Avenue	09 16 2014 Amount
ŀ	City Code	100.00
	City State Zip Code Eden NC 27288	100.00 Transaction ID : 6da8bf20-0fd9-443f-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate Support Of	ffice Sought: House District:00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Odioridal Todi To Bato	sbursement For: Primary X General 14 Other (specify) ▶
	Full Name of Payee Lisa Booth	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Mailing Address 1434 South Avenue	Amount
ľ	City State Zip Code	9.60
	Eden NC 27288	Transaction ID: 0aea73b3-80f0-441c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		ffice Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
		isbursement For: Primary General 014 Other (specify)
((a) SUBTOTAL of Itemized Independent Expenditures	109.60
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	09 18 2014
	Signature	

Schedule E)	VI EXI EIVE	TIONES	PAGE 36 FOR SE OF FOR	OF 79 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION N	UMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	Y = Y = Y
Full Name of Payee Kenny Wallis			Date of Public Distribution/Diss	emination
			09 / D D / Y	2014 Y
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		60.00
North Little rock	AR	72116	Transaction ID: c9cc4f85-6c3 Date of Disbursement or Obliga	
Purpose of Expenditure Salary		Category/ Type 001		2014 Y
Name of Federal Candidate		Support	Office Sought: House Distr	ict:00
Mr. Mark L Pryor		X Oppose		te: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	89157.11	Disbursement For: Primary 2014 Other (specify) ▶	K General
Full Name of Payee			Date of Public Distribution/Diss	emination
Kenny Wallis			09 / 16 / Y	2014
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		3.93
North Little rock	AR	72116	Transaction ID : 5d62d241-d4ea Date of Disbursement or Obliga	
Purpose of Expenditure Mileage		Category/ Type 002	09 / D 16 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Distr	ict:00
Mr. Mark L Pryor		X Oppose	President Sta	ite: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	89157.11	Disbursement For: Primary 2014 Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			63.93
			7 7	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		>	
(c) TOTAL Independent Expenditures			>	.55
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 / 18 / 2014	Y

	-,		FOR SE OF	FORM 24/48
	OMMITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvomen	Speak Out PAC	С	C00530766	
Check if	24-hour report X 48-hour report New report Amends report filed on	M = M	/ D = D /	Y I Y I Y I Y
		te of Pub	olic Distribution	Dissemination
	cca A Shearer	M M M	16	2014
Mailing /	Address 6544 Arno College Grove Rd	nount		
City	State Zip Code			60.00
College	Da		n ID : e8daf26e bursement or 0	
Purpose Salary	of Expenditure Category/ Type 001	09 09	16	2014
Name of	Federal Candidate Support Office Sou	ıght:	House	District:00
Mr. Mar	C L Pryor Oppose Pres	sident	X Senate	State: AR
	endar Year-To-Date Election for Office Sought Disbursen 2014		Primary	General
Full Nan	ne of Payee Da		blic Distribution	/Dissemination
	r H Morrow	M - M 09	/ 16 /	2014
Mailing A	OUD IN HORION OUTCOL	nount		
City	State Zip Code			60.00
Searcy	Da		ID: ef6b3159- sbursement or 0	
Purpose Salary	of Expenditure Category/ Type 001	09	16	2014
Name o	Federal Candidate Support Office Sol	ught:	House	District:00
Mr. Mar	CL Pryor Oppose Pre	sident	Senate	State: AR
	endar Year-To-Date Election for Office Sought Disbursen 2014	1	: Primary	General
(a) SUBT	OTAL of Itemized Independent Expenditures		7 7	120.00
(b) SUB1	OTAL of Unitemized Independent Expenditures		77-	
(c) TOTA	L Independent Expenditures		7	
with, or a	nalty of perjury I certify that the independent expenditures reported herein were not made in the request or suggestion of, any candidate or authorized committee or agent of either, or mittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 09	/ 18	B / Y Y 201	
Signat	ure			

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Schedule E)	IN EXILIN	ON ONES	PAGE 38 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Parker H Morrow			09
Mailing Address 506 N Horton Street			Amount
City	State	Zip Code	28.20
Searcy	AR	72143	Transaction ID: 77cd2e80-0083-4641-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Shanon Snyder			09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2701 Winifred			Amount
City	State	Zip Code	70.00
Metairie	LA	70003	Transaction ID: 07ce281e-c8bd-4408-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		119329.69	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		98.20
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
(c) TOTAL Independent Expenditures			
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 09 18 2014
- 3			

Schedule E)	NI EXI END	ITOTILO	<u> </u>	PAGE 39 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C c	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Shanon Snyder			09	16 / 2014
Mailing Address 2701 Winifred			Amount	
City	State	Zip Code		10.50
Metairie	LA	70003		: fe18325b-47eb-4e0e-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 /	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	1	119329.69	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Brandon Wheeler			M M /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct			Amount	
City	State	Zip Code		50.00
Charolette	NC	28215		3793f2e3-2336-4653-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	89157.11	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		·	60.50
			7	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures)	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 18	2014
- 3				

Schedule E)	LIVI LXI LIV	DITORILO	PAGE 40 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandon Wheeler			09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct			Amount
City	State	Zip Code	25.50
Charolette	NC	28215	Transaction ID: 22626ab0-8bfb-4594-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Diane Smith			09 16 2014
Mailing Address 4006 Wolkswalk Place			Amount
City	State	Zip Code	20.00
Raleigh	NC	27610	Transaction ID: 158793f0-3ee3-4456-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		45.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	ADEITI EXI END	ITOTILO		41 OF 79 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼
Women Speak Out PAC			C C0053076	66
Check if 24-hour report X 48-hour report	ort New rep	ort Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distributi	on/Dissemination
Diane Smith			M M / D D D D D D D D D D D D D D D D D	2014
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		8.10
Raleigh	NC	27610	Transaction ID : a92a8 Date of Disbursement of	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		X Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought	,,,,,	310841.90	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Christopher Marquess			09 / 16	/ Y Y Y Y Y Y 2014
Mailing Address 110 W Pecan St			Amount	2014
City	State	Zip Code		55.00
Ville Platte	LA	70586	Transaction ID : fae76el Date of Disbursement of	b2-a91d-4012-a
Purpose of Expenditure Salary		Category/ Type 001	09 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		119329.69	Disbursement For: Prim 2014 Other (specify)	ary X General
(a) SUBTOTAL of Itemized Independent Exp	enditures			63.10
(b) SUBTOTAL of Unitemized Independent E	expenditures		>	
(c) TOTAL Independent Expenditures			·	2
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		Y Y Y 2014
•				

Schedule E)	ENT EXI END	HONES		42 OF 79 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼
Women Speak Out PAC			C C0053076	6
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distributi	on/Dissemination
Christopher Marquess			09 / 16	2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		42.60
Ville Platte	LA	70586	Transaction ID : 6cc35c Date of Disbursement of	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought		119329.69	Disbursement For: Prim. 2014 Other (specify) ▶ _	ary X General
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Mary Frank			M M / D D D 16	2014
Mailing Address 14 Ramblewood Drive			Amount	
City	State	Zip Code		20.00
Covington	LA	70435	Transaction ID: 809023 Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	09 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	119329.69	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		·	62.60
(b) SUBTOTAL of Unitermized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			•	gs. _ 25s.
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014
-				

Schedule E)	INT EXI END	HONES	—	PAGE 43 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC	00530766			
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary Frank			M M /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14 Ramblewood Drive			Amount	
City	State	Zip Code		0.75
Covington	LA	70435		: fc707b60-fdc5-4e86-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		119329.69	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Hannah E Baker			M M / 09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5307 South State Road 135			Amount	
City	State	Zip Code		50.00
Morgantown	IN	46160		: 7e20f73d-fab6-4c08-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,,	89157.11	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			50.75
(b) SUBTOTAL of Unitermized Independent Exper	ditures)	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 18	2014
-				

Schedul	e E)	I EXI END			PAGE 44 OF 79 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	ame of Payee			Date	of Public Distribution/Dissemination
	nah E Baker				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Manng	g Address 5307 South State Road 135			Amou	unt
City		State	Zip Code	<u> </u>	42.00
	antown	IN	46160		saction ID : a3e0c708-0a47-4f2d-8 of Disbursement or Obligation
Purpos Mileag	se of Expenditure ge		Category/ Type 002		09 16 2014
Name	of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Presid	
	alendar Year-To-Date er Election for Office Sought	7	89157.11	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
	ame of Payee			Date	of Public Distribution/Dissemination
Nata	alie M Foutch				M M / D D / Y Y Y Y
Mailing	g Address 1057 Waldron Road			L	09 16 2014
	1057 Waldion Road			Amou	unt
City		State	Zip Code		31.00
LaVe		TN	37086	Transa Date	action ID: a23821bf-8e7e-4ae1-9 of Disbursement or Obligation
Purpos Salar	se of Expenditure y		Category/ Type 001		09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Presid	
	calendar Year-To-Date er Election for Office Sought	7-1-1	89157.11	Disbursemer 2014	nt For: Primary X Genera Other (specify) ►
(c) 011	OTOTAL of Hamirad Indonesia and Tomas "				77.00
(a) SUE	3TOTAL of Itemized Independent Expenditure	9S			73.00
(b) SUE	BTOTAL of Unitemized Independent Expendit	ures		· •	
(c) TO1	FAL Independent Expenditures			•	
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candida committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	18 2014
Sign	ature				

Scl	hedule E)	.5.1.61126	F	PAGE 45 OF 79 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
Che	eck if 24-hour report X 48-hour report New r	report Amends repor	rt filed on	D = D / Y = Y = Y
Т	Full Name of Payee Rachel H Young		Date of Public	Distribution/Dissemination
-	Mailing Address Box #11543 915 E Market Ave		Amount /	16 2014
			Amount	
	City State	Zip Code		32.00
	Searcy AR	72149): a90c14e5-f6f3-484b-8 sement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M / 09	16 / 2014
ŀ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought	89157.11	Disbursement For: [2014 Other (spe	Primary
	Full Name of Payee Rachel H Young			Distribution/Dissemination
-	Mailing Address		09	16 2014
	Box #11543 915 E Market Ave		Amount	
	City State	Zip Code		19.50
	Searcy AR	72149	Transaction ID Date of Disbur	: 2b514128-5829-4c09-a rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09	16 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	89157.11	Disbursement For: 2014 Other (spe	Primary
,				
(;	a) SUBTOTAL of Itemized Independent Expenditures		•	51.50
(b) SUBTOTAL of Unitemized Independent Expenditures		•	4
(c) TOTAL Independent Expenditures		>	7
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electr	tronically Filed] Date	09 / 18	2014
	Signature			

Schedule E)	IN EXIEND	HONES	PAGE FOR SE	46 OF 79 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	ATION NUMBER ▼
Women Speak Out PAC			C C005307	66
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	/
Full Name of Payee			Date of Public Distribu	tion/Dissemination
Lilly Green			09 / 16	/ Y Y Y Y Y 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119	Transaction ID: 7d63 Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	09 / D D D 16	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Mary L Landrieu		X Oppose	President Senat	
Calendar Year-To-Date Per Election for Office Sought	.,,	119329.69	Disbursement For: Pring 2014 Other (specify) ▶	nary X General
Full Name of Payee			Date of Public Distribu	ition/Dissemination
Lilly Green			09 / 16	2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		69.00
Shreveport	LA	71119	Transaction ID : ee33a Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Mary L Landrieu		X Oppose	President X Senat	
Calendar Year-To-Date Per Election for Office Sought		119329.69	Disbursement For: ☐ Pring 2014 ☐ Other (specify) ▶	mary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			149.00
			7	-
(b) SUBTOTAL of Unitemized Independent Expenses	nditures)	4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y 18	2014
- 3				

Schedule E)	I EXI ENDI	TOTILO		PAGE 47 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Gregory Green			M 09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		n ID: 93836dbb-a4f8-46c8-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M = M 09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	19329.69	Disbursement For: 2014 Other (Primary
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Gregory Green			09	16 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		70.20
Shreveport	LA	71104		ID: 137a5f4e-0ba6-4338-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	119329.69	Disbursement For: 2014 Other (:
(a) SUBTOTAL of Itemized Independent Expenditure	S			150.20
(b) OUDTOTAL of the book and bedome deat 5 money				
(b) SUBTOTAL of Unitermized Independent Expendit	ures		· •	7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M / D 18	
- 3				

Schedule E)	VI EXI END	TOTILO		PAGE 48 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Francis Richardson			Date of Public	Distribution/Dissemination
Mailing Address 220 Doucet Rd			09 Amount	16 2014
			Amount	
City	State	Zip Code		25.00
Lafayette	LA	70503		D: 592d33fa-6a52-4dd0-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	19329.69	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Francis Richardson			09 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code		2.91
Lafayette	LA	70503		: 3d4e5bb0-a2a9-4498-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	119329.69	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			27.91
(-,			7	7
(b) SUBTOTAL of Uniternized Independent Expendent	litures		•	
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 18	2014
Signature				

Schedule E)	IVI EXI EIVE	ATOTILO	<u> </u>	PAGE 49 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Logan B Piper			M M /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		14.80
Conway	AR	72034		: 2929d6ee-1a09-4cbc-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, ,	89157.11	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Logan B Piper			09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		12.39
Conway	AR	72034		: 58136d87-3b61-475e-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / 09	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	89157.11	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			27.19
			7	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures)	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 / 18	2014
•				

Scł	hedule E)	EXI EIIDI	TOTILO			50 OF 79 OF FORM 24/48
	ME OF COMMITTEE (In Full)					ATION NUMBER ▼
W	omen Speak Out PAC				C C0053076	
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	1 = M / D = D	/ Y = Y = Y
_	Full Name of Payee			Date	of Public Distribut	ion/Dissemination
	Peggy A Sides				09 / Distribut	/ Y Y Y Y Y Y Y Y Y 2014
	Mailing Address 2183 Spokane Rd			Amou	ınt	
H	City	State	Zip Code			60.00
L	Fayetteville	NC	28304		saction ID: b458f of Disbursement	
	Purpose of Expenditure Salary		Category/ Type 001	$\exists \mid \llbracket$	09 / 16	2014
F	Name of Federal Candidate		Support	Office Sough	nt: House	District: 00
	Ms. Kay Hagan		X Oppose	Presid		NO
	Calendar Year-To-Date Per Election for Office Sought	3	310841.90	Disbursemer 2014	nt For: Prim Other (specify) ▶ _	nary X General
Γ	Full Name of Payee					tion/Dissemination
Ì	Peggy A Sides			Г	M M / D D	/ Y Y Y Y
-	Mailing Address 2183 Spokane Rd			L	09 16	2014
	Mailing Address 2183 Spokane Rd			Amo	unt	
	City	State	Zip Code	\Box L	-1-4	19.50
		NC	28304		action ID: b796a8 of Disbursement	
	Purpose of Expenditure Mileage		Category/ Type 002] [09 / 16	2014
	Name of Federal Candidate		Support	Office Soug	nt: House	District:00
	Ms. Kay Hagan		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement 2014	nt For: Prim	nary X General
(8	a) SUBTOTAL of Itemized Independent Expenditures			•	7	79.50
(l	b) SUBTOTAL of Unitemized Independent Expenditure	3S		·· •	7	2-1-0-1
(0	c) TOTAL Independent Expenditures			· -	7	92 1 252
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate earty committee) any political party committee or its age	or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	18 / Y	2014
	Signature		_			

Schedule E)	III EXI EIID	II OILEO		PAGE 51 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y = Y = Y
	New Tep	Amends repo	ort filled off	
Full Name of Payee Tylan S Green			M	f Public Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr			Amoun	
City	State	Zip Code		70.00
New Orleans	LA	70131		ction ID: 7371bf99-d421-48cf-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		119329.69	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Tylan S Green				09 16 2014
Mailing Address 2320 Saint Nick Dr				
			Amour	nt
City	State	Zip Code		9.30
New Orleans	LA	70131	Transac Date o	ction ID : 9bcb52f4-ebe1-4caa-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	09 / 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	119329.69	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	turoo			70.20
(a) SUBTOTAL OF REMIZED INDEPENDENT EXPENDING	uies		• •	79.30
(b) SUBTOTAL of Unitemized Independent Exper	iditures		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	, 09 /	18 2014
Signature				

Schedule E)	DENT EXPEND	TOTILS	PAGE 52 OF FOR SE OF FORM 2	79 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	t filed on	Y Y
Full Name of Payee Mr. Roger McKinney				YY
Mailing Address 308 West Main Street			09	4
City	State	Zip Code		94.50
Pilot Mountian	NC	27041	Transaction ID : eca9ec42-ae09-4c Date of Disbursement or Obligation	:5e-a
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / Y Y	14 Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President Senate State:	NC
Calendar Year-To-Date Per Election for Office Sought	3	10841.90	Disbursement For: Primary 2014 Primary Prim	General
Full Name of Payee			Date of Public Distribution/Dissemin	nation
Mr. Roger McKinney			09 16 20	14 Y
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code	2	9.61
Pilot Mountian	NC	27041	Transaction ID: 89a87f8a-739f-466 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 16 / Y Y	14
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		Oppose	President X Senate State:	NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: Primary 2014 Other (specify) ▶	General
•				
(a) SUBTOTAL of Itemized Independent Expe	enditures		124.	11
(b) SUBTOTAL of Unitemized Independent Ex	kpenditures		>	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Scł	nedule E)	LAI LITE.	10.120		PAGE 53 OF 79 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
T	Full Name of Payee Glenda McKinney				of Public Distribution/Dissemination
	Mailing Address 308 West Main Street			Amou	09 16 2014 nt
H	City	State	Zip Code		94.50
	Plot Mountain	NC	27041		action ID : ea56c654-a9e9-4dfb-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Kay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	3	310841.90	Disbursement 2014 Or	t For: Primary ⊠ General ther (specify) ▶
	Full Name of Payee Adam Rock Mailing Address 307 Farris Rd Apt 1				of Public Distribution/Dissemination
				Aillou	
	City Conway	State AR	Zip Code 72034	Transa	30.00 action ID : 532b6c83-0045-4111-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Mr. Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursemen 2014 O	t For: Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures.				124.50
(k	b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(0	c) TOTAL Independent Expenditures			· •	
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	18 2014
	Signature				

Schedule E)				PAGE 54 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hou	r report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Adam Rock				c Distribution/Dissemination
Mailing Address 307 Farris Rd Apt 1			09	16 2014
			Amount	
City	State	Zip Code		3.60
Conway	AR	72034		ID: 3e04e8d2-8967-4d47-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	16 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee				ic Distribution/Dissemination
Clay A McCreary			M = M	/ D D / Y Y Y Y
Mailing Address 1762 Orchard Drive			09	16 2014
			Amount	
City	State	Zip Code		70.00
Lenoir	NC	28645	Transaction II Date of Disb	D: 425ef83f-302e-4942-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	16 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: 2014 Other (sp	Primary
_				
(a) SUBTOTAL of Itemized Independen	t Expenditures		. •	73.60
(b) SUBTOTAL of Unitemized Independ	lent Expenditures		• •	4 1 4
(c) TOTAL Independent Expenditures			•	1 2 1 2
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	, any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D D D 18	2014
Signature				

Schedule E)	LIVI LXI LIVE	TIONES	PAGE 55 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Clay A McCreary			09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1762 Orchard Drive			Amount
City	State	Zip Code	21.00
Lenoir	NC	28645	Transaction ID : 3c22133c-46e3-4425-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	310841.90	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Brenda L McCune			09 16 2014
Mailing Address 1254 Fleming St Apt 6			Amount
City	State	Zip Code	36.00
Conway	AR	72032	Transaction ID : e134c08b-9552-4fee-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	89157.11	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		57.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J			

Sch	nedule E)	L /(1 L.(L.					PAGE 56 OF 79 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Ched	ck if 24-hour report X 48-hour report	New repo	ort Ar	mends repo	ort filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee Brenda L McCune				Dat	M = M	c Distribution/Dissemination
1	Mailing Address 1254 Fleming St Apt 6				Am	09 ount	16 2014
	City S	State	Zip Code		<u> </u>		15.90
	Conway	AR	72032				ID: ff021ada-d702-4c70-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			M M 09	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate			Support	Office Sou	aht:	House District: 00
	Mr. Mark L Pryor			Oppose			X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		89157.11		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee Kirsten E McKinney Mailing Address 1419 S Highbush Ave					te of Publi	ic Distribution/Dissemination
-	City S	State	Zip Code		$-+$ Γ		35.00
	Fayetteville	AR	72701		Tran Dai	saction II te of Disbu	D: 38bce8c5-58bb-4dfb-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09	16 2014
	Name of Federal Candidate			Support	Office Sou	ıght:	House District: 00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		89157.1	11	Disbursem 2014	nent For: Other (sp	Primary X General pecify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures				.	7	50.90
(k	b) SUBTOTAL of Unitemized Independent Expenditure	es			·· •		
(0	c) TOTAL Independent Expenditures				·· • [
W	Inder penalty of perjury I certify that the independent rith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 18	2014
	Signature						

Schedule E)		71101120		PAGE 57 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	/ D D / Y Y Y Y
Full Name of Payee Kirsten E McKinney			Date of Po	ublic Distribution/Dissemination
Mailing Address 1419 S Highbush Ave			09 Amount	16 2014
C:h.	Ctoto	7in Codo		2.12
City Fayetteville	State AR	Zip Code 72701		3.12 on ID : b07f111c-3f97-47a4-b isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Lee R Carter Mailing Address 3110 Brentwood Rd			Date of P	ublic Distribution/Dissemination / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		90.00
Raleigh	NC	27604	Transaction Date of D	n ID: 84e3740f-ab5a-41a3-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expendent	litures			93.12
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	9 09 / 1	8 2014
Signature				

Schedule E)	DEIVI EXI EIVD	HORLS	PAGE 58 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			09 16 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	21.30
Raleigh	NC	27604	Transaction ID : c8d2cf08-ce41-4fa8-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Phillip Williams			09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	100.00
Greensboro	NC	27407	Transaction ID : 28cab738-439c-483a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		121.30
(b) SUBTOTAL of Unitemized Independent Ex	penditures)
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 18 2014
•			

Schedule E)	ENT EXILID	HORLS	PAGE 59 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 16 2014 Amount
Oih.	Chaha	7:- 0	20.00
City Greensboro	State NC	Zip Code 27407	39.60 Transaction ID: 505691fd-cce0-4204-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	310841.90	Disbursement For:
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 16 2014 Amount
City	State	Zip Code	100.00
Greensboro	NC	27407	Transaction ID: 4683e589-4792-40f3-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		139.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
			7 7
(c) TOTAL Independent Expenditures			>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 18 2014
Signaturo			

Schedule E)			PAGE 60 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C	C00530766
Check if 24-hour report X 48-hour report	New report Amend	s report filed on	W / D = D / Y = Y = Y
Full Name of Payee Tracy M Hargett		Date of F	Public Distribution/Dissemination
Mailing Address 5133 Lord Bryon Road		09 Amount	
0	· Z'n Code		5.00
City Sta Wilmington	ate Zip Code IC 28405		5.00 ion ID : 10351f18-773e-4479-8 Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001 M 09	M / D D / Y Y Y
Name of Federal Candidate	Supp	port Office Sought:	House District: 00
Ms. Kay Hagan	Х Орро		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	310841.90	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee Tracy M Hargett Mailing Address 5133 Lord Bryon Road		Date of I	
City	ate Zip Code		25.80
	IC 28405		on ID : 35f47915-2621-4153-8 Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type	002 09	
Name of Federal Candidate	Supp	oort Office Sought:	House District:00
Ms. Kay Hagan	X Oppo	ose President	
Calendar Year-To-Date Per Election for Office Sought	310841.90	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditures		······ ·	30.80
(b) SUBTOTAL of Unitemized Independent Expenditures		·····	7 1 7 1 7 1
(c) TOTAL Independent Expenditures		······· ·	7 1 7 1 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or a		
Ms. Emily Buchanan	[Electronically Filed]	Date 09	18 2014
Signature			

Scł	hedule E)	W END					PAGE 61 OF 79 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M /	
T	Full Name of Payee Michael Chinchar				D	M = M /	c Distribution/Dissemination
	Mailing Address 2730 Dave Ward Dr				A	09 mount	16 2014
-	City State		Zip Code		<u> —</u> г		40.00
	Conway AR		72034				ID: 88bb96cc-f1ca-44cd-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09 /	16 / 2014
	Name of Federal Candidate		'	Support	Office So	ouaht:	House District:00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		89157.11		Disburse 2014	ment For: Other (sp	Primary
	Full Name of Payee Michael Chinchar				D	ate of Public	c Distribution/Dissemination
	Mailing Address 2730 Dave Ward Dr				A	mount	
	City State	e	Zip Code			1 -1-0	4.50
	Conway AR		72034		Tra	ansaction II ate of Disbu	D: 5316b3be-341a-4d6a-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			09	16 2014
Ī	Name of Federal Candidate			Support	Office S	ought:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pr	esident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		89157.1	1	Disburse 2014	ement For: Other (sp	Primary ⊠ General Decify) ►
(8	a) SUBTOTAL of Itemized Independent Expenditures				. •	1 1 7	44.50
(I	b) SUBTOTAL of Unitemized Independent Expenditures				·· •		1 1 7 1 1 7 1
(0	c) TOTAL Independent Expenditures				•	1 4	
W	Inder penalty of perjury I certify that the independent exp vith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.	authorized					
		[Electron	nically Filed]	Date	e 09	18	2014
	Signature						

Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Purpose of Expenditure Salary Office Sought: House District: Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr State Zip Code Support Office Sought: House District: Calendar Year-To-Date Per Election for Office Sought State Zip Code Randy M Gold Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Transaction ID: 0557ec97-837f-46e7 Date of Disbursement or Obligation Disbursement For: Primary Ge 2014 Other (specify) ▶ Date of Public Distribution/Disseminat Amount City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ 002 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Mg / 16 / 2014 Name of Federal Candidate Mr. Mark L Pryor Support Mr. Mark L Pryor Support Mr. Mark L Pryor President Senate State: Calendar Year-To-Date
Check if 24-hour report 48-hour report New report Amends report filed on A
Check if 24-hour report
Randy M Gold Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Furpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Transaction ID: 0557ec97-837f-46e7 Date of Disbursement or Obligation Mod 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1
Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr Category/ Type 001 Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary Ge 2014 Other (specify) ▶ Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr Category/ Mileage Category/ Type 002 Transaction ID: 057ec97-8371-46e7 Date of Disbursement For: Primary Ge 2014 Other (specify) ▶ Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Moy 1 16 2014 Amount City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Moy 1 16 2014 Amount City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Moy 1 16 2014 Amount City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Moy 1 16 2014 Amount City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Moy 1 16 2014 Amount City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Moy 1 16 2014 Amount City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Moy 1 16 2014 Amount City State Zip Code Fresident Scenate State: Category/ Type 002 President Scenate State: Category/ President Scenate State: Categor
City State Zip Code S5 Flgin SC 29045 Furpose of Expenditure Salary Category/ Tiype 001
Elgin SC 29045 Transaction ID: 0b57ec97-837f-46e7 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr Category/ Type 001 Support Office Sought: House District: Primary Senate State: Other (specify) Date of Public Distribution/Disseminat Amount City State Zip Code Elgin SC 29045 Transaction ID: 0574b1823-9c42-4c82 Date of Disbursement or Obligation Transaction ID: 0574b1823-9c42-4c82 Date of Disbursement or Obligation Other (specify) Amount City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Other (specify) Other (sp
Elgin SC 29045 Transaction ID: 0b57ec97-837f-46e7 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Transaction ID: 0b57ec97-837f-46e7 Date of Disbursement or Obligation Mos / 16 / 2014 Office Sought: House District: Primary Senate State: // Other (specify) Date of Public Distribution/Disseminat Mos / 16 / 2014 Other (specify) Amount City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Mos / 16 / 2014 Other (specify) Amount City State Zip Code Category/ 002 Purpose of Expenditure Mileage Category/ 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Calendar Year-To-Date Disbursement For: Primary Senate State: // Calendar Year-To-Date Category/ Oppose President Senate State: // Calendar Year-To-Date
Purpose of Expenditure Salary Category/ Type O01 O9 16 2014 Name of Federal Candidate Support Mr. Mark L Pryor Name of Federal Candidate Support Mr. Mark L Pryor Name of Federal Candidate Support Name of President Senate State:
Mr. Mark L Pryor Support Calendar Year-To-Date President Senate State: Mr. Mark L Pryor President Primary Genate Primary Genate President Primary Genate President Primary Genate President Primary Mathematical Primary Mathematical Primary Mathematical Primary Mathematical Primary Mathematical Primary President Primary Mathematical Primary Mathematical Primary Mathematical Primary Mathematical Primary Mathematical Primary Pr
Mr. Mark L Pryor Calendar Year-To-Date President Senate State:
Per Election for Office Sought Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Date of Public Distribution/Disseminat Amount City State Zip Code 30.9 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Office Sought: House District: Support Office Sought: House District: Calendar Year-To-Date Disbursement For: Primary X Ge
Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Date of Public Distribution/Disseminat Amount Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Office Sought: House District: Disbursement For: Primary X Geometric Soughts of State: Propose Disbursement For: Primary X Geometric Soughts of State: Calendar Year-To-Date
Randy M Gold Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Purpose of Expenditure Mileage Category/ Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Mailing Address 1436 Haigs Creek Dr Amount Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Og 16 2014 Amount Og 7 16 2014 Og 9 16 2014 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Og 9 16 2014 Disbursement For: Primary X German State: Amount Og 9 16 2014 Amount Disbursement For: Primary X German State: Amount Og 9 16 2014 Amount Og 9 16 2014 O
Mailing Address 1436 Haigs Creek Dr City State Zip Code Elgin SC 29045 Purpose of Expenditure Mileage Calendar Year-To-Date Mailing Address 1436 Haigs Creek Dr Amount Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Og 16 2014 Support Office Sought: House District: Mr. Mark L Pryor Calendar Year-To-Date Disbursement For: Primary X General Candidate
Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Mo9 Office Sought: House District: Oppose President Senate State: Oblisbursement For: Disbursement For: Primary Get
Elgin SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date SC 29045 Transaction ID: 674b1823-9c42-4c82 Date of Disbursement or Obligation Mo9 Office Sought: House District: Oppose President Senate State: Oblisbursement For: Disbursement For: Primary Get
Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Category/ Type O02 O9 O9 O9 OFfice Sought: House District: Oppose President Senate State: Ogenate Office Sought: Oppose Oppose
Mr. Mark L Pryor Calendar Year-To-Date College Sought. House District.
Mr. Mark L Pryor Calendar Year-To-Date Oppose President Senate State: Disbursement For: Primary Geo
20157 44 2014
Per Election for Office Sought 89157.11 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or cor with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a pol party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 09 18 2014
Signature

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OF

Schedule E)	PAGE 63 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report filed on Amends report
Full Name of Payee Kaleigh J Wagner	Date of Public Distribution/Dissemination
Mailing Address 18065 Wayne Rd	09 16 2014 Amount
City State	Zip Code 65.00
City State Odessa FL	33556 Transaction ID: af378d8d-00d3-4fc6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 16 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Christine Stevens	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	09 16 2014 Amount
City State	Zip Code 70.00
Winchester VA	22602 Transaction ID : bdfb0083-c2ff-4c23-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 16 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 09 18 2014
Signature	

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 64 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jazmine d Conner			09 16 2014
Mailing Address 100 ASBURY CT			Amount
City	State	Zip Code	70.00
WINCHESTER	VA	22602	Transaction ID : 2fd43ffe-8d7d-42b1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	310841.90	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			09 16 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID : 9fde63be-8807-4075-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	310841.90	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		130.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 18 2014
Signature			

Schedule E)		PAGE 65 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Rodney O Culbreath	Date	e of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	Amo	09 16 2014 Dunt
City.		20.00
City State Zip Coc Winchester VA 22602	Trai	80.00 nsaction ID : 34b518fa-0d9a-4801-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Categor	pry/ ype 001	09 16 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Kay Hagan		ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 310841.9		ent For:
Full Name of Payee	Dat	e of Public Distribution/Dissemination
Rodney D Culbreth		09 16 / Y Y Y Y
Mailing Address 100 Asbury CT	Am	ount
3200 Dam Neck Rd City State Zip Coo		70.00
Winchester VA 22602	Tran	saction ID : 725d3fd6-dd88-4835-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category		09 / 16 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Kay Hagan	Oppose Pres	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 31084	Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures		150.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
		7 7
(c) TOTAL Independent Expenditures	······	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	ed] Date 09	/ 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Sch	nedule E)	-/(I - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	101123				PAGE 66 OF FOR SE OF FORM 24.	79 /48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMB	
VV	omen Speak Out PAC					C	C00530766	
Che	ck if 24-hour report X 48-hour report	X New repo	ort Amen	ds repor	rt filed on	M /	D = D / Y = Y = Y	Y
T	Full Name of Payee Rze Culbreath					_ M /	Distribution/Dissemina	Y Y
	Mailing Address 100 Asbury Ct				Amou	09 nt	16 2014	
ŀ	City St	state	Zip Code				70	0.00
		VA	22602				D: 6405df3b-fb9b-4acorsement or Obligation	
	Purpose of Expenditure Salary		Category/ Type	001		09 /	16 / Y Y 2014	
	Name of Federal Candidate		Sup	oport	Office Sough	t:	House District:	00
	Ms. Kay Hagan			pose	Preside	_	Senate State:	NC
	Calendar Year-To-Date Per Election for Office Sought	3	310841.90		Disbursemen 2014 O	t For: ther (sp	Primary X Ge	neral
	Full Name of Payee Theresa a Youngblood Mailing Address 102 S Main Street Apt A2					09	Distribution/Dissemina	Υ ¥ Y
-	City Si	State	Zip Code				70.	00
	Berryville	VA	22611		Transa Date	ction ID	: 5e953451-794a-46f4 rsement or Obligation	-8
	Purpose of Expenditure Salary		Category/ Type	001		09	16 / Y Y Y 2014	
Ì	Name of Federal Candidate		Sur	pport	Office Sough	t:	House District:	00
	Ms. Kay Hagan		X Opp	pose	Preside	ent \sum	Seriale State: _	NC
	Calendar Year-To-Date Per Election for Office Sought		310841.90		Disbursemen 2014 C	t For: ther (sp	☐ Primary ☐ Ge	eneral
(8	a) SUBTOTAL of Itemized Independent Expenditures				· [140.00)
(k	b) SUBTOTAL of Unitemized Independent Expenditures	s			•	7		
(0	c) TOTAL Independent Expenditures				· [
W	Inder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized						
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M /	18	2014	
	Signature							

Schedule E)	I EXI END			PAGE 67 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Carla A Wells				f Public Distribution/Dissemination
Mailing Address 2013 Woodwind Way				09 16 2014
			Amoun	t
City	State	Zip Code		60.00
Van Buren	NC	72956		ction ID: d56c4d4b-6af5-46f0-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	: House District:00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	89157.11	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Carla A Wells				09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2013 Woodwind Way			Amoun	it .
City	State	Zip Code		3.60
Van Buren	NC	72956	Transac Date o	ction ID : 3b3d60e0-6aa9-405c-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	89157.11	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	ne.			63.60
(a) SUBTUTAL OF REHIZED THUEPOTHORIC EXPONENTIAL	5			03.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09	18 2014
Signature		_	١	

Schedule E)	IDENT EXITER	ON ONES	PAGE 68 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	ort New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Stephanie L Heun			09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8026 S Wilwood Dr Apt 101			Amount
City	State	Zip Code	40.00
Oak Creek	WI	53154	Transaction ID : 998d6cfa-db3b-4278-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	80.00
Mt. Airy	NC	27030	Transaction ID : df610861-e9f7-4a4b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	310841.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		120.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		
			7 7
(c) TOTAL Independent Expenditures			>
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 18 2014

Schedule E)		101120		PAGE 69 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-ho	our report X New repo	Amanda yana	M M /	/ D D / Y D Y D Y
Check if 24-hour report X 48-ho	our report New report	ort Amends repo	ort filed on	
Full Name of Payee Ralph Smith			Date of Public	c Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd			Amount	10 2017
City	State	Zip Code		30.84
Mt. Airy	NC	27030		ID: 0059c2f5-5909-4f7f-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	10841.90	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Jeffrey Hampton	<u> </u>		Date of Publi	c Distribution/Dissemination
Mailing Address 1700 E Part Ave			Amount	10 2017
City	State	Zip Code		30.00
Searcy	AR	72149	Transaction II Date of Disbu	D: 8ce7f444-ac98-42ce-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	16 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent	ent Expenditures		. •	60.84
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		•	1 1 2 1 2 2
(c) TOTAL Independent Expenditures.			•	1 7 1 7
Under penalty of perjury I certify that with, or at the request or suggestion c party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 18	/ Y Y Y Y Y Y 2014
Signature				

Sch	nedule E)	AI LIVE	101120				PAGE 70 OF 79 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC C c00530766						C00530766	
Ched	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	rt filed on	M = M /	/ D = D / Y = Y = Y
	Full Name of Payee Jeffrey Hampton				Da	M = M	c Distribution/Dissemination
	Mailing Address 1700 E Part Ave				Am	09 ount	16 2014
	City Stat	e	Zip Code		— r		16.17
- 1	Searcy AR		72149				ID: 332fca69-994f-461c-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09 09	16 2014
Ī	Name of Federal Candidate			Support	Office Sou	ıght:	House District: 00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	,	89157.11		Disbursem 2014	nent For: Other (sp	Primary X General Decify) ▶
	Full Name of Payee Nick Berryhill				Da	M - M	ic Distribution/Dissemination
	Mailing Address 905 Lake Drive				Am	09 nount	16 2014
-	City Stat	te	Zip Code		-		40.00
	Shelby		28152		Tra Da	nsaction II te of Disbu	D: 6734b419-00f1-4041-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	16 2014
	Name of Federal Candidate			Support	Office Sou	ught:	House District: 00
	Ms. Kay Hagan		\times	Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		310841.9	0	Disbursen 2014	nent For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures						56.17
(k	b) SUBTOTAL of Unitermized Independent Expenditures				. , _		
(0	c) TOTAL Independent Expenditures				•		
W	nder penalty of perjury I certify that the independent expith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	/ 18	2014
	Signature						

Sched	ule E)	EXI EIID	101120		PAGE 71 OF 79 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Ob a al. :4	. O4 hour road V 40 hour road	V Na	Amanda yana	wh filed as	-M / D D / Y - Y - Y
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
	Name of Payee ck Berryhill				of Public Distribution/Dissemination
Mail	ing Address 905 Lake Drive			Amou	
City		State	Zip Code		35.40
She		NC	28152		action ID : 91647961-0cbc-4ae6-8 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		09 16 7 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		X Oppose	Preside	ent State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 3	10841.90	Disbursement 2014 Or	t For:
	Name of Payee Jura U Logie				of Public Distribution/Dissemination
Mai	ling Address				09 16 2014
IVIAI	ling Address 2565 Shire Circle			Amou	nt
City		State	Zip Code		30.00
	rrisonburg	VA	22801	Transa Date	ction ID : 1beea931-d9f9-446e-8 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	M	09 / 16 / Y Y Y Y Y
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	310841.90	Disbursemen 2014 O	t For:
(a) 9	SUBTOTAL of Itemized Independent Expenditures	e			65.40
(a) S	OBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	S		•	03.40
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7 7
(c) T	OTAL Independent Expenditures			•	7 1 7 1 7
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	09	18 2014
Si	gnature		_		

Schedule E)		XI ENDI	TOTILO				PAGE 72 OF 79 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	_					FEC II	DENTIFICATION NUMBER	
Women Speak Out PA	AC .					C	C00530766	
Check if 24-hour report	48-hour report	New repo	ort Ame	ends repo	rt filed on	M = M /	/ D = D / Y = Y = Y	Y
Full Name of Payee					Da	te of Publi	c Distribution/Dissemination	n
Chris McCoy						09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 1025 Cayley	[,] Ct				An	nount		
City	Sta	ate	Zip Code				77.5	0
High Point	N	IC	27260				ID: 6e79979a-8bdf-4a55-9 ursement or Obligation	
Purpose of Expenditure Salary			Category/ Type	001		M 09	16 2014	Y
Name of Federal Candidate			s	upport	Office So	ught:	House District: 00)
Ms. Kay Hagan			Xo	ppose	Pre	sident	Senate State: NC	<u>; </u>
Calendar Year-To-Date Per Election for Office S	ought	3	10841.90		Disbursen 2014	nent For: Other (sp	Primary	eral
Full Name of Payee					Da	ate of Publi	c Distribution/Dissemination	n
Chris McCoy						м = м 09	/ D D / Y Y Y Y 14 16 2014	Υ
Mailing Address 1025 Cay	ley Ct				An	nount		
	_							\neg
City High Point	Sta N	ate IC	Zip Code 27260		Tra	nsaction II	23.70 D : bca936b0-93a5-4e79-a	
Purpose of Expenditure Mileage			Category/ Type	002		09 09	ursement or Obligation / 16 2014	Y
Name of Federal Candidate				upport	Office So	uaht:	House District: 00	0
Ms. Kay Hagan				ppose			Senate State: NC	<u> </u>
Calendar Year-To-Date Per Election for Office S	Sought	1 1 7	310841.90		Disburser 2014	ment For: Other (sp	Primary	eral
(a) CURTOTAL of Homizard In	dependent Evnenditures						404.00	
(a) SUBTOTAL of Itemized In	aepenaent Expenaitures				• L	7	101.20	_
(b) SUBTOTAL of Unitemized	Independent Expenditures				· • [4	
(c) TOTAL Independent Expe	nditures				•			
Under penalty of perjury I cer with, or at the request or sugg party committee) any political	gestion of, any candidate or	rauthorized						
Ms. Emily Buchana	n	[Electroni	cally Filed]	Date	M M M	/ 18	2014	
Signature				Date			التثنيا ا	

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Danielle McCoy	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	nount
City State Zip Code	62.50
High Point NC 27260 Tra	Insaction ID: 0594aa6c-f952-4f1b-a te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee Danielle McCoy	te of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	09 16 2014 nount
City State Zip Code	22.80
	nsaction ID: 83fe06ab-5718-4e0d-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M 09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	85.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M M
Full Name of Payee	Date	e of Public Distribution/Dissemination
Eleanor McCoy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr	Amo	punt
City State	e Zip Code	67.50
Greensboro NC		nsaction ID : 1157493f-7e3f-4467-a e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Ms. Kay Hagan	Noppose Presi	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	310841.90 Disburseme 2014	ent For: Primary
Full Name of Payee Eleanor McCoy Mailing Address 4902 Catawba Dr	Date	e of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stat	e Zip Code	23.10
Greensboro NC		saction ID: 6ff43946-a61d-4194-b e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 16 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Kay Hagan	Oppose Presi	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	310841.90 Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		90.60
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of either, or (i	
Ms. Emily Buchanan	[Electronically Filed] Date 09	18 2014
Signature		

PAGE

OF

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kelly Dolan	09 16 2014
	Mailing Address 543 S 2nd St	Amount
	City State Zip Code	70.00
	Bellaire NC 77401	Transaction ID: 08080e91-de3f-4240-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbt 2014	ursement For: Primary X General
	Tot Election for Since Godgitt	Other (specify) ▶
	Full Name of Payee Kelly Dolan	Date of Public Distribution/Dissemination
	Mailing Address 543 S 2nd St	09 16 2014 Amount
	City State Zip Code	10.80
	Bellaire NC 77401	Transaction ID : 8b1ac698-bf38-4912-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	80.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		09 18 2014
	Signature	للنتيا لنا ل

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Schedule E)				PAGE 76 OF 79 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y
Full Name of Pages				(D.17. Division (Division
Full Name of Payee Trent Minner			M	of Public Distribution/Dissemination 10
Mailing Address 2000 W University St			Amour	nt
City	State	Zip Code		30.00
Siloam Springs	AR	72761		action ID : f659020e-6254-433b-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 16 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	89157.11	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Trent Minner				09 16 2014
Mailing Address 2000 W University St				
<u>'</u>			Amour	nt
City	State	Zip Code		13.50
Siloam Springs	AR	72761	Transa Date o	ction ID : 913ce0fa-3082-4007-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89157.11	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	43.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09	18 2014
Signature		_		

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
John P Hilkert		09 16 2014
Mailing Address 7 Bards Lane	A	mount
City	tate Zip Code	45.00
		ransaction ID : 0eb60663-21f9-42d4-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	∑ Oppose Pro	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	310841.90 Disburse 2014	ement For:
Full Name of Payee John P Hilkert Mailing Address 7 Bards Lane		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	tate Zip Code	6.90
1 '	NC 28732 Tr	ansaction ID: 085fc433-0568-4669-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 16 / 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	310841.90 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	51.90
(b) SUBTOTAL of Unitemized Independent Expenditures	s	1171171171
(c) TOTAL Independent Expenditures	·····	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 09	18 2014
Signature		

PAGE

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OF

Sc	chedule E)	PAGE 78 OF 79 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	/omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed o	on Mam / Dad / Yayayay
7	Full Name of Payee	Date of Public Distribution/Dissemination
	Serena A Jones	09 16 2014
	Mailing Address 7151 Mullins Drive	Amount
Ì	City State Zip Code	90.00
	Saltville VA 24370	Transaction ID : a35bec68-3e98-40f0-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 16 / 2014
Ì	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
Ì	Serena A Jones	M M / D D / Y Y Y Y Y
Ì	Mailing Address 7151 Mullins Drive	09 16 2014
	7151 Mullins Drive	Amount
ľ	City State Zip Code	47.10
		Transaction ID : cf68581c-3c59-4d0f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 16 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	137.10
((b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Sch	edule E)	EXI EIID	1101120		PAGE 79 OF 79 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y
	Full Name of Payee Earl Stewart				of Public Distribution/Dissemination
M	Mailing Address 9455 Snow Camp Road			Amou	09 16 2014 unt
	Dity	State	Zip Code		105.00
	Snowcamp	NC	27349		saction ID : aacae6fe-8a90-4d31-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 16 2014
N	lame of Federal Candidate		Support	Office Sough	nt: House District: 00
N	Ms. Kay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	3	310841.90	Disbursemen 2014 O	nt For:
F	Full Name of Payee Earl Stewart				of Public Distribution/Dissemination
N	Mailing Address 9455 Snow Camp Road			Amou	
С	Dity	State	Zip Code	-11 :	9.60
	Snowcamp	NC	27349	Transa Date	action ID: 7bda1b34-69e2-4754-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	N	09 / 16 / 2014
N	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
N	Ms. Kay Hagan		X Oppose	Preside	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		310841.90	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
(a)) SUBTOTAL of Itemized Independent Expenditures	S		•	114.60
(b)) SUBTOTAL of Unitemized Independent Expenditu	ures		- -	
(c)) TOTAL Independent Expenditures			· •	6372.30
wit	nder penalty of perjury I certify that the independer th, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	18 / Y = Y = Y = Y = Y = 18
	Signature				